Sunnl	emental Independent				SUPPLEMENTAL INDEPENDENT EXPENDITURE			
Expen	Iditure Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from1/1/2004		Date Stamp 8/2/2004	CALIFORN FORM	<sup>IA</sup> 4	65
SEE INSTRUCTIONS ON REVERSE		Amendment (Explain Below	w) through <u>6/30/200</u>	)4		Page <sup>1</sup> of <sup>4</sup>		
	Amendment No 000	- (Explain 2010)	Date of election i	f applicable:			ial Use Or	
	Report No CM5	-	3/2/2004					
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee) 981521	Treasure	(If recipient	committee)			
COMMI	ITTEE/FILER'S NAME	701321	NAME OF TREA	SURER				
Califor	rnians for Responsible Choices - a project of Planned l	Parenthood Affiliates of California	Katherine Knee	er				
			MAILING ADDR					
STREE	T ADDRESS (NO P.O. BOX)							
			CITY		STATE ZIP COD	E AREA C	ODE/PHOI	NE
CITY	STATE	ZIP CODE AREA CODE/PHONE						
Sacran		95814	Sacramento		CA 95814	(916) 44	16-5247	
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRE	ESS			
	e of Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTR	ICT, IF APPLICABLE			K ONE OPPOSE
NAME O	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTIO	N		SUPPORT	OPPOSE
Proposi	tion 56. Budget Accountability Act		56	Statewide			X	
3. Inde	ependent Expenditures Made At	tach additional information on appropria	ately labeled continuation	sheets.		CLIMILI	ATIVE TO	DATE
DAT	E NAME AND ADDRE	SS OF DAVEE	DESCRIPTION OF	EVDENIDITI IDE	AMOUNT	l CAI	LATIVE TO LENDAR Y	EAR
2/24/2004	Teris Barnes Walters Political Media	Maile		LAFLINDITORL	\$21,878.61	\$21,878.61	N.1 - DEC.	31)
2/2 1/200 1	San Francisco, CA 94104	Trialic .			\$21,070.01	Ψ21,070.01		
	Commonwealth Communications, Inc.	Maile	r		\$.00	\$.00		
	San Francisco, CA 94104							
						1.00		
	Zebra Graphics, Inc. San Francisco, CA 94124	Maile	r		\$.00	\$.00		
	1							

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Expendit	ental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 8/2/2004	CALIFORNI FORM		oliture 55
SEE INSTRUCTIONS ON REVERSE		Amendment (Explain Below	v) through <u>6/30/200</u>	4		Page 2 of _4		
	Amendment No 000	Anendment (Explain Below	Date of election i	f applicable:		For Officia		ly
	Report No CM5		3/2/2004					
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)			
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER				
STREET ADI	DRESS (NO P.O. BOX)		MAILING ADDRE	ESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA CC	DE/PHON	IE
OPTIONAL: I	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS				
 2. Name o	f Candidate or Measure Sup	ported or Opposed					CHECK	ONE
NAME OF CA	NDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE			OPPOSE
NAME OF BA	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION			SUPPORT	OPPOSE
3. Indepe	ndent Expenditures Made Att	ach additional information on appropria	ately labeled continuation	sheets.		CUMULA	ATIVE TO I	DATE
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN	ENDAR YE .1 - DEC.3	
	K/P Corporation San Leandro, CA 94578	Maile	r		\$.00	\$.00		
2/24/2004	U.S. Postmaster Sacramento, CA 95814	Maile	r		\$8,353.40	\$8,353.40		

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## Supplemental Independent

Type or print in ink.

	SUPPLEM	MENTAL INDEPENDEN	IT EXPENDITU	RE
R	Report covers period	CALIFORN	A A C E	7
om	1/1/2004	FORM	400	
rough	6/30/2004	Page 3	of $4$	

Ex	cpenditure Report		Amounts may be rounded to whole dollars.		from		CALIFORNIA 46	
SEE	SEE INSTRUCTIONS ON REVERSE				through	6/30/2004	Page <u>3</u>	of <u>4</u>
NAM	IE OF FILER						I.D. NUME	ER (If recipient com.)
Cali	fornians for Responsible Choices - a project of Planned Parenthood	Affiliates of Ca	alifornia				981521	
4.	Summary 1. Total independent expenditures made of \$100	or more th	nis period. (Part 3.)					\$30,232.01
	2. Total independent expenditures under \$100 m	nade this pe	eriod. (Not itemized.)					\$0.00
	3. Total independent expenditures made this per	riod (Add Li	ines 1 + 2.)				TOTAL	\$30,232.01
5.	Filing Officers Enter the name and address of eac	ch filing officer	with whom the filer's most re	cent campaign stateme	nts (Form 45	0, 460 or 461) have bee	n filed.	
5.	Filing Officers Enter the name and address of eac  1) NAME OF FILING OFFICER	ch filing officer	with whom the filer's most re	cent campaign stateme  3) NAME OF FILING 0		0, 460 or 461) have bee	n filed.	
5.		ch filing officer	with whom the filer's most re		OFFICER		n filed.	
5.	1) NAME OF FILING OFFICER	ch filing officer	with whom the filer's most re	3) NAME OF FILING O	OFFICER		n filed.	
5.	NAME OF FILING OFFICER  Secretary of State	ch filing officer	with whom the filer's most re	3) NAME OF FILING O	OFFICER	ers	n filed.	ZIP CODE
5.	NAME OF FILING OFFICER  Secretary of State ADDRESS (NO. AND STREET)  CITY			3) NAME OF FILING O Sacramento County R ADDRESS	OFFICER	ers		ZIP CODE 95827
5.	NAME OF FILING OFFICER  Secretary of State ADDRESS (NO. AND STREET)  CITY	STATE	ZIP CODE	3) NAME OF FILING O Sacramento County R ADDRESS  CITY	OFFICER egistrar of Vot	ers	STATE	
5.	NAME OF FILING OFFICER  Secretary of State ADDRESS (NO. AND STREET)  CITY  Sacramento	STATE	ZIP CODE	3) NAME OF FILING O Sacramento County R ADDRESS  CITY Sacramento	OFFICER egistrar of Vot	ers (NO. AND STREET)	STATE	
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)  CITY  Sacramento  2) NAME OF FILING OFFICER	STATE	ZIP CODE	3) NAME OF FILING O Sacramento County R ADDRESS  CITY Sacramento 4) NAME OF FILING O	OFFICER egistrar of Vot	ers (NO. AND STREET)	STATE	
5.	1) NAME OF FILING OFFICER  Secretary of State ADDRESS (NO. AND STREET)  CITY  Sacramento 2) NAME OF FILING OFFICER  Los Angeles County Registrar Recorder	STATE	ZIP CODE	3) NAME OF FILING O Sacramento County R ADDRESS  CITY Sacramento 4) NAME OF FILING O San Francisco County	OFFICER egistrar of Vot	ers (NO. AND STREET) order	STATE	

## 6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	8/2/2004	By Alois Alois Alois Alois
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	8/2/2004	By Alois Alois Alois Alois
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC